**Faith Formation Registration Form**

Saint Mary of the Immaculate Conception, 309 West Cook Street, Portage, WI 53901

**FAMILY LAST NAME**: **\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** Registered Members? □Yes □No

|  |  |  |
| --- | --- | --- |
|  | **Father****first & last** | **Mother****first (maiden) last** |
| **Name**  |  |  |
| **Religion** |  |  |
| **Home Address** |  |  |
| **City, State, Zip Code** |  |  |
| **Home Phone** |  |  |
| **Cell Phone** |  |  |
| **Email** |  |  |
| **Child lives with:** | **□**Yes **□**No **□** Other: | **□**Yes **□**No **□** Other: |

Parents are: Married Separated Divorced Single Other \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Was your child(ren) enrolled in Religious Education at StMaryOTIC last year? □Yes □No

If “NO” Name of parish your child last attended \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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|   **STUDENT INFORMATION** | **Sacraments****RECEIVED** |  |
| **Grade** | **Student Name**First and Last | **Date of Birth** mm/dd/yy | **M/F** | **Baptism** | **Penance** | **Eucharist** | **Is there anything we should know about your child(ren)?** **(i.e. allergies, learning disabilities, ADD/ADHD, etc)** |
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| Emergency Contact Information (Non-Parent)  |
| Name: | Relationship: | Phone: |

**TUITION PAYMENTS**

Fees for K-10 students are: **$50 for 1 child, $100 for 2 children, $150 for family.**

*Please make checks payable to St. Mary’s.* (Sacrament Fees will be addressed at a separate time)

Please return this form and payment to the address above *by August 31. Add $10* if turned in after September 1 and/or if a non-parish member.

No child will be turned away for lack of funds. If tuition assistance is needed, please email Brenda.stmary@gmail.com

 **Faith Formation Permission and Release**

**EMERGENCY CARE PERMISSION**

In case of an emergency permission is given to Director or Coordinator of Religious Education, Catechist or Parish Priest of St. Mary, Portage to provide first aide and/or authorize treatment by medical professionals. The permission is granted for the entire school year of Religious Education Program.

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| --- | --- | --- | --- |
| Physician Name:  |  | Phone Number: |  |
| Parent Signature:  |  | Date:  |  |

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If no; what do you want done?:

**YOUTH VOLUNTEER PERMISSION**

As a parish community we thrive off of volunteerism and expect students and adults to be involved in the service of our parish and its programs. Many volunteer opportunities arise throughout the year.

 I give my child(ren) permission to volunteer for St. Mary sponsored functions. I understand that as parent/legal guardian I accept full legal responsibility for my child/children and their actions. I also hold harmless St. Mary of the Immaculate Conception Parish, the Diocese of Madison, its officers, directors and agents, and all employees and chaperones in the event of any injury or accident to my child/children while participating in this activity.

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| --- | --- |
| Parent Signature: | Date: |

**VIDEO AND PICTURE RELEASE**

I will allow St. Mary’s to take and use the photographs of and/or quotation from my son/daughter to assist in community awareness, educational efforts, and related public relations efforts that may include brochures, posters, website, and print media. This includes pictures with a camera and/or video recorder.

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| --- | --- |
| Parent Signature:  | Date:  |

**RECEIPT OF FAITH FORMATION HANDBOOK**

I acknowledge that I have read the St. Mary of the Immaculate Conception Religious Education Handbook and recognize that it is my responsibility to familiarize myself and my child with the policies and procedures it contains. By my signature, my child(ren) and I agree to abide by the policies and procedures outlined in the parent handbook. (Handbook can be found on our website: [www.stmaryportage.com](http://www.stmaryportage.com) )

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| --- | --- |
| Parent Signature:  | Date:  |